

What is the history of this program?

January 16, 2002

We started Vet to Vet

Vet to Vet is a program which started at the Ererra Community Care Center. The concept of the Vet to Vet program is that veterans with mental illness can be of assistance to each other.

People with mental illness/psychiatric conditions are trying to get to sanity, stability, sobriety and safety. By learning from each other, people with psychiatric conditions can have a better opportunity to become sane, stable, sober and safe. This idea and the organization Vet to Vet is being researched by the VISN 1 MIRECC.

Vet to Vet works inside the mental health structure. Vet to Vet is part of the existing mental health program located at the Ererra Community Care Center. Vet to Vet is based on the idea of educational support meetings. Each meeting some material which pertains to mental health of the mental health system is read. There is a discussion of the material for the rest of the class.

Each one, reach one, teach one is profile of outreach and learning for those support meetings. Gladly learn and gladly teach is the motto of Vet to Vet.

Some of these materials have come from the Center for Psychiatric Rehabilitation of Boston University and some materials have come from IAPSRs. And/or, some materials are created in the meetings like in the writing group.

The discussions which are a part of the Vet to Vet meetings are indelible. Many people have attended the meetings and said that they wished other people could have heard these meeting discussions. The next step in the Vet to Vet meetings is find a way that we can record these discussions and have copies of the educational support meetings made available to other veterans. The popularity of the peer support meetings has grown. We started out with five people attending the meetings. The Vet to Vet support meetings are now attended by fifteen or more people at a time. There are five meetings a week.

First, The Ererra Community Care Center brought down peer facilitators from Boston. They were people who were trained by Moe and Naomi Armstrong as part of the Massachusetts Peer Educators Project. Peer Educators is a self help organization which works in the Massachusetts public mental health system. Each person had a mental illness but was not a veteran. The

facilitators from Boston trained veterans at the Ererra Community Care Center to become Vet to Vet facilitators.

Then, there was an initial labor pool of veteran peer facilitators. The first Vet to Vet facilitators were recruited by a call through out the program for people who wanted to be facilitators. Then, more people were trained to be facilitators by spending time in the meetings.

These meetings were:

- 1.The Recovery Workbook by Boston University
 - 2.Disability Pride Disability Awareness3.Mental Illness Anonymous(MIA)
- Part of this was also created by materials written from the ideas and discussion generated from this group.
- 4.Writers meeting
 - 5.Wellness meeting based on the wellness training materials put together by Eli Lilly and others.

Later, veteran facilitators were recruited from people who had attended the meetings. To keep the groups going, the several attendees from different Vet to Vet meetings came forward during the past year and were trained by both staff and Vet to Vet facilitators. The pool of Vet to Vet facilitators has grown. When there was turnover with a peer facilitator who left a facilitator position, then the Vet to Vet program had other peer facilitators ready to step in and continue facilitating the meetings. The meetings have continued for five days a week staffed with facilitators and well attended.

The meetings are attended by about ten to fifteen people or more each day. There are many people who come for no other activities at the Community Care Center other than the support meetings.

PEER EDUCATORS PROJECT

The Peer Educators Project started with an idea back in 1998. Naomi Armstrong and myself felt that peer support could be an important part of the ongoing support needed for a person's recovery. Both Naomi and I required and utilized peer support for our own well being and stability. The mental health system didn't have peer support within the system. We wanted to find a way to bring peer support to traditional mental health programs.

Naomi named and defined the Peer Educators Project. She also wanted the term self help removed. She wanted people to understand that we learn together or through mutuality. We help ourselves by helping others. She wanted the term to be educators so that people would see themselves as teachers as well

as learners. Naomi didn't want the name to be the Peer Education Project. She felt that the word education was a loaded word and shouldn't be used because the term education was too passive. She wanted people to see themselves as educators and not educated. She felt that calling people facilitators rather than leaders was important. She wanted people to follow an adult learning model. All the people in the meetings are valuable and have something to offer and teach.

We also recognized that many people from our programs have co occurring conditions. We were introduced to Howie Vogel. Howie had developed a support meeting called Double Trouble In Recovery (DTR). We were given the information by Howie and Naomi went out to set up DTR support meetings. I had been using the Recovery Workbook from Boston University for years. I went out and started working with other people and using the Recovery Workbook as the cornerstone of our peer/mutual support meetings.

The idea with the Peer Educators Project was that we would distribute information and materials to people. Then, the support meetings would be based on reading some of the materials and having a discussion about what was read. Each one, Reach one, Teach one is the motto of the Peer Educators Project. In the beginning, we were supposed to do six DTR meetings in each region of Massachusetts and twelve Recovery Workshop meetings in Massachusetts. We surpassed the contract obligations in the first year.

From the first year, we had more requests for peer/mutual support than we had money to pay facilitators. Although, we had some problems because we could find facilitators and then some of the facilitators would develop a higher degree of symptoms. They would not be able to work. Because of loss of facilitators, we had and still sometimes have gaps in where we are able to deliver peer/mutual support. Those situations were very few.

During 1999 and 2000, Massachusetts was increasing the knowledge of Co Occurring Disorders in the system. Naomi and I were asked to set up support meetings in the state hospital system. I went to every state hospital and met with administrators. Met with the direct care staff and eventually we had peer support in the state hospital system. We were able to have the Peer Educators from our community programs go into the state hospital system and set up peer support meetings.

Three years ago, I got a call from the Veterans Administration and Yale University to start peer support in their New Haven VA mental health system. They were willing to evaluate the peer support meetings and try to find out the outcomes. That report will included in this remembrance of events. The community mental health contract with the Partnership has also done a year by year independent evaluation. That report will be included in this history.

During this time, I have seen and talked to many people in our mental health programs. The next steps that I would see are consumers as employees. How can we recruit, train and develop people in our mental health programs to fill in some new staff roles. We can return to the idea of Evolving Consumer Houses with some paid positions being the people who live at the residence. PACT teams, Case Management and other mental health positions will need peer specialists.

For all the Peer Specialist positions which might be created, the how of sharing peer experiences with other people in our programs can best be learned from the peer/mutual support meetings. This is my observation.

However, learning how to be one of the people and not create a new hierarchy is difficult. The ability to express mutuality needs to be learned and continually reinforced. Therefore, always having and encouraging people to attend peer/mutual support meetings is a good way to train people to be better peer specialists.

We need to also find recovery stories and publish them. How can the stories and information from the Peer Educators meetings be written and collected? The idea of video taping and audio recording people is a possibility. We can write down the stories. Learn to take photos and document what we hear in the peer support meetings. We need some new terminology in mental health. By writing down the stories and in the language spoken, we can begin to understand the way people with mental illness describe the psychiatric condition.

The new terminology and definitions of the psychiatric condition and mental health care can come from the participants in peer/mutual support meetings. Our job is to write and record what we hear.

The Peer Educators Project started almost six years ago. The Peer Educators Project has grown and has just been recognized by Eli Lilly National Reintegration with the national Award for Mentorship. This award was given at Indianapolis, Indiana in November, 2004. Naomi Armstrong also attended the award reception and was recognized for her contribution for helping to create the Peer Educators Project. The Peer Educators Project was also featured on the television show Chronicle.

There is a short training manual being written about the values which are needed by Peer/mutual support facilitators. We have also developed the concept of Mental Illness Anonymous (MIA) and a reduced version of the Recovery Workbook called the Hip Pocket Recovery Workbook. The Vet to Vet version of the Peer Educators Project is going to have a website. People will be able to download educational materials for the support meetings from

the Website. The website will also have stories and photos of the peer support meetings. Peer support has started in the VA system in Brockton, Bedford, West Los Angeles and probably San Francisco.